



Looking for Young Leaders

Norfolk Youth Council Registration



The Norfolk City Council established the Norfolk Youth Council because they want to hear what young people have to say. The Norfolk Youth Council focuses on issues concerning youth; recommends policies to City Council; and helps plan positive experiences for Norfolk's young people.

PLEASE READ CAREFULLY BEFORE SIGNING. WHEN COMPLETING FORM, PRINT LEGIBLY IN INK.

Participant Name: _____ **School Name:** _____ **Grade** (as of Fall 2012): _____
First Last

Date of Birth: ____ / ____ / ____ **Age:** ____ **Gender:** ☐ Male ☐ Female

T-Shirt Size: Youth ☐ Small ☐ Medium ☐ Large **Adult** ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Street Address (no P.O. Boxes): _____
Residence Street Address City State Zip

Mailing Address (if different from above): _____
Street or P.O. Box City State Zip

Participant Phone Number: (Day) () - (Evening) () - (Cell) () -

Participant Email Address: _____

Medical and/or Behavioral Concerns: _____

List primary and secondary guardians below.

Primary Guardian Name: _____ **Phone Number:** () -

Secondary Guardian Name: _____ **Phone Number:** () -

List emergency contacts below. Primary and secondary guardians will be contacted first in an emergency.

Emergency Contact #1: _____ **Relationship to Applicant:** _____ **Phone Number:** () -

Emergency Contact #2: _____ **Relationship to Applicant:** _____ **Phone Number:** () -

Statement of Understanding: I (or the participant who I represent) hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

Acknowledgment of Risks/Medical Treatment Permission: In consideration of my participation in the activity and/or facilities provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS). I, for myself or on behalf of the participant who I represent, authorize the City of Norfolk Department of Recreation, Parks & Open Space staff to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity and/or facility. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to these activities and/or facilities. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

By affixing signatures below, this indicates that I (and/or the participant who I represent) have read, understand and agree with the terms and conditions for participating in this program:

Applicant Signature Guardian signature (if applicant is under age 18) _____
Date

Photo Permission Release Agreement: *OPTIONAL.* I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during this activity and/or at this facility. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Applicant Signature Guardian signature (if applicant is under age 18) _____
Date